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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>ENI-028BCPCN</b>	
		First Inventor <b>James K. Liao</b>	
		Title <b>UPREGULATION OF TYPE III ENDOTHELIAL CELL NITRIC OXIDE SYNTHASE BY HMG-CoA REDUCTASE INHIBITORS</b>	
		Express Mail Label No. <b>EV309883505US</b>	

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>59</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>6</b>]</span> 5. Oath or Declaration <span style="float: right;">[Total Sheets <b>  </b>]</span> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or   ii. <input checked="" type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input checked="" type="checkbox"/> Other: <b>Request to Use Identical CFR and Prepaid acknowledgment postcard.</b>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No.: **09/273445**


Prior application information: Examiner **E. J. Webman**    Art Unit: **1617**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number: <b>00959</b> OR <input type="checkbox"/> Correspondence address below					
Name		<b>LAHIVE &amp; COCKFIELD, LLP</b>			
		<b>DeAnn F. Smith</b>			
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City	<b>Boston</b>	State	<b>MA</b>	Zip Code	<b>02109</b>
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Name (Print/Type)	<b>DeAnn F. Smith</b>	Registration No. (Attorney/Agent)	<b>36,683</b>
Signature		Date	<b>October 15, 2003</b>

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 309 883 505 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 15, 2003

Signature:  (DeAnn F. Smith)

FEE TRANSMITTAL for FY 2004				Complete if Known			
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number		Not Yet Assigned	
				Filing Date		Concurrently Herewith	
				First Named Inventor		James K. Liao	
				Examiner Name		E. Webman	
				Art Unit		1617	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.		ENI-028BCPCN	
TOTAL AMOUNT OF PAYMENT		(\$)		1,501.00			
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">12-0080</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Lahive &amp; Cockfield, LLP</span> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES			
1. BASIC FILING FEE							
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1001	770	2001	385	Utility filing fee		385.00	
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)		(\$)		385.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		116		-20** =		96	
Independent Claims		7		-3** =		4	
Multiple Dependent							
Extra Claims		Fee from below		Fee Paid			
96		x 9.00		= 864.00			
4		x 43.00		= 172.00			
SUBTOTAL (2)		(\$)		1,036.00			
**or number previously paid, if greater, For Reissues, see above							
SUBTOTAL (3)				(\$)		80.00	
SUBMITTED BY				(Complete (if applicable))			
Name (Print/Type)		DeAnn F. Smith		Registration No. (Attorney/Agent)		36,683	
Signature				Telephone		(617) 227-7400	
				Date		October 15, 2003	

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